



Department of the Treasury
Federal Law Enforcement Agencies
PROCESS RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER CR No. 05-10003-NMG	
DEFENDANT(s) DENNIS ALBERTELLI, et al.,		TYPE OF PROCESS Order for Interlocutory Sale	
SERVE AT	Name Of Individual, Company, Corporation, Etc. to Serve or Description of Property to Seize City of Boston Assessing Department		
	Address (Street or RFD / Apt. # / City, State, and Zip Code) One City Hall Plaza, Room 302, Boston, MA 02201		
Send NOTICE OF SERVICE copy to Requester: KRISTINA E. BARCLAY, ASSISTANT U.S. ATTORNEY UNITED STATES ATTORNEY'S OFFICE John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, Massachusetts 02210		Number Of Process To Be Served In This Case.	
		Number Of Parties To Be Served In This Case	
		Check Box If Service Is On USA	
SPECIAL INSTRUCTIONS or OTHER INFORMATION TO ASSIST IN EXPEDITING SERVICE (includes business and Alternate Addresses, Phone Numbers, and Estimated Availability times) Please serve the attached Order for Interlocutory Sale upon the above-named entity by certified mail, return receipt requested. <div align="right">LJT x3364</div>			
Signature of Attorney or other Originator requesting service on behalf of <i>Kristina E. Barclay</i>		<input checked="" type="checkbox"/> Plaintiff <input type="checkbox"/> Defendant	Telephone No. (617) 748-3100 Date March 2, 2006
SIGNATURE OF PERSON ACCEPTING PROCESS:			Date
SPACE BELOW FOR USE OF TREASURY LAW ENFORCEMENT AGENCY			
I acknowledge receipt for this Total # of Process indicated	District of Origin No.	District to Serve No.	SIGNATURE OF AUTHORIZED TREASURY AGENCY OFFICER <i>[Signature]</i> Date 03/11/06
I hereby Certify and Return That I <input type="checkbox"/> PERSONALLY SERVED, <input checked="" type="checkbox"/> HAVE LEGAL EVIDENCE OF SERVICE, <input type="checkbox"/> HAVE EXECUTED AS SHOWN IN "REMARKS", the Process Described on the Individual, Company, Corporation, Etc., At The Address Shown Above or at the Address Inserted Below.			
<input type="checkbox"/> I HEREBY CERTIFY AND RETURN THAT I AM UNABLE TO LOCATE THE INDIVIDUAL, COMPANY, CORPORATION, ETC. NAMED ABOVE.			
NAME & TITLE of Individual Served If not shown above.		I <input type="checkbox"/> Person of suitable age and discretion then residing in the defendant's usual place of abode.	
ADDRESS: (Complete only if different than shown above)		Date of Service 03/26/06	Time of Service 9:00 AM
Signature, Title and Treasury Agency <i>[Signature]</i> SA DOB-CF			
REMARKS: <i>postcard received indicating receipt of certified mailing on 03/26/06</i>			

TD F 90-22.48 (6/96)